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	CALENDAR Y	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	For use by Members, officers, and employees		
				2013 MAY IS DAY IN IO A A	
		Eliot L Engel			\geq
_		V === 1 ===============================	\	S H(Office Use Only)	
	Filer Status	Member of the U.S. State: NY House of Representatives District: 16	Officer Or Employing Office: Employee	A \$200 penalty shall be assessed against	
	Report Type	Annual (May 15) Amendment Termination	Termination Date:	more than 30 days late.	
	PRELIMINAT	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	QUESTIONS		
	Did you or your I. or more from a	Did you or your spouse have "earned" Income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes ✔ No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	therwise Yes 🗌 No 📝	
_	If yes, comple	If yes, complete and attach Schedule I.	If yes, complete and attach Schedule VI.		
	Did any individu	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes No V	Vil. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	ble travel or han \$350 Yes ☑ No ☐	
	Did you, your s	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	ling in the	
	more than \$1,00 If yes, comple	more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	If yes, complete and attach Schedule VIII.		
	Did you, your s IV. reportable asse	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes No 📝	Did you have any reportable agreement or arrangement with an outside IX. entity?	outside Yes ✓ No	
	If yes, comple	If yes, complete and attach Schedule IV.	If yes, complete and attach Schedule IX.		
	V. (more than \$10,	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 🕢 No 🗌	Each question in this part must be answered and the appropriate	d and the appropriate	
	If yes, comple	If yes, complete and attach Schedule V.	schedule attached for each "Yes" response.		
: I	IPO and EXC	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	INFORMATION ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS	
	IPO	Did you purchase any shares that were allocated as a part of an initial Public Offering?	nitial Public Offering?	Yes 🗌 No 🗸	
	Trusts	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ned disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	littee on Ethics and certain other "excepted trusts" need not be rust benefiting you, your spouse, or dependent child?	Yes No 🗸	
	Exemptions	15 Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabilities of a spouse or dependent ones" unless you have first consulted with the Committee on E	hild Yes □ No ☑	
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SCHEDULE I - EARNED INCOME

United States Department of Agriculture

Spouse Salary

Source

Name Eliot L Engel

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Type

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Amount

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Eliot L Engel	gel		Page 3 of 6
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
ASSI Identify (a) each value exceeding reportable assa "unearmed" inc	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	Year-End Value of Asset Indicate value of asset at close of reporting year. If	Type of Income Check ell columns that apply. For retirement accounts that do not allow you to choose specific investments or that	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comple For all IRAs and each asset held	Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	method other than fair market value, please specify the method used.	(such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if relineasted must be disclosed	the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was samed	reporting year.
For rental or other r a description, e.g., ' a description, e.g., ' For an ownership in state the name of the location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	the reporting year and is included only because it generated income, the value should be "None." This column is for assets	as Income. Check "None" if the asset generated no income during the reporting period.	or generated. * This column is for income generated by assets held solely by your spouse or dependent child.	
Exclude: Your particular there we specified the second or less in the second of the se	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	heid solely by your spouse or dependent child.			
If you so choose, you may indispouse (SP) or dependent chike optional column on the far left.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
For a detailed discu Instruction booklet.	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.				,
	Congressional Federal Credit Union	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	E&J Reality Group, LLC, Bronx, NY (24% ownership)	\$100,001 - \$250,000	None	NONE	
	Israeli Bonds	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	State of New York	\$15,001 - \$50,000	Other: (Retirement Pension)	NONE	
,	US Bonds	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Wells Fargo	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

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SCHEDULE V - LIABILITIES

Name Eliot L Engel

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for liabilities held solely by your spouse or dependent child. your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. "This column is Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or

SP, DC,	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	2011	Visa Credit Card	\$15,001 - \$50,000
	Harry Bajraktari	Feb 2011	Mortgage loan- Primary residence, NY	\$100,001 - \$250,000
JT	Ocwen Loan Servicing, LLC	Sep 2003	Mortgage loan- Washington area dwelling	\$500,001 - \$1,000,000
JT	Revere Bank	Oct 2010	Line of Credit	\$100,001 - \$250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
Jewish Community Relations Council	Feb 18- 26	Feb 18- 26 NJ- Tel Aviv- NJ	Υ	Υ	~	4 Days
Alpha Epsilon Pi Fraternity	Aug 9-12	NY-AZ-NY	Υ	~	Z	None
Embassy of Canada (Alberta Government)	Aug 19-22	DC-Alberta-DC	~	Y	Z	None
Council for a Secure America	Oct 10-12	NY-Bismarck- NY	~	Y	Z	None
The National Alliance on Mental Illness	Nov 9-10	DC-NY-DC	~	~	Z	None

SCHEDULE IX - AGREEMENTS

Name Eliot L Engel

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of New York	Retirement Pension